APPLICATION FORM CLUB DEVELOPMENT GRANT

Improve partnership

Developing local people



Name of Club/Group/Organisation:					
Address	: :				
			Post code:		
Email:			Phone:		
About	Your Project				
What is the focus of your proposal? (Tick appropriate box)					
	Hosting/organising/co-ordinating coach education course/workshop				
	Coach mentoring				
	Coach development project				
	·				
Please	provide:				
Course details/project activities:					
ı					
Datas		l Nit	and the state of t		
Dates:		INUMD	er of participants:		
Who will be the project beneficiaries? (Tick appropriate box)					
WIIO W	Coaches		Other (please provide details)		
	Whole club		Other (please provide details)		
		 			
	Partnership of clubs				
	CSP				
			I make to your group and also the		
people	e in your local area? (Tick appro	opriate box)	To 1		
	More opportunities		Developing positive role models		
	Better quality opportunities		Meets local needs		
	Better quality coaches		Other (please detail)		
	Better quality club	I			

How will you know that you have made a difference? Please tell us your approaches to evaluate how well it has gone				
Grant request				
Breakdown of projected costs				
Item Description	Cost			
Total cost of project/course:				
Total grant request:				
Match fund/subsidy:				
I agree to the terms and conditions outlined in the Guidance Notes on behalf of my club/group				
Signed:	Date:			
Please send your completed form to: The Sports Initiatives Administrator, Live Active L	sigura Caladania Hausa Hay Street Borth			
PH1 5HS, or shalliday@liveactive.co.uk	eisure, Caleuollia nouse, nay street, Pertn,			



